



2600 Maitland Center Pkwy.  
Suite 300  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL  
32790-0200  
Tel: 407-740-8575  
Fax: 407-740-0613  
www.tminc.com

2014.12.A  
249695  
RECEIVED  
March 26, 2014  
Via Overnight Delivery  
JUN 27 2014  
U.S. MAIL SERVICE

Clerk's Office  
South Carolina Public Service Commission  
101 Executive Center Dr.  
Columbia, SC 29210

RE: ACN Communication Services, Inc  
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative , filed on behalf of ACN Communication Services, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Phyllis Miller  
Compliance Reporting Specialist

cc: Anthony Solomon - ACN Communication Services, Inc  
file: ACN Communication Services, Inc - Reporting - South Carolina

PM/ab

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER LETTER

DOCKET  
NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please type or print)

Submitted by: ACN Communication Services, Inc.

Address: 1000 Progress Place

Concord, NC 28025-2449

SC Bar Number: \_\_\_\_\_

Telephone: 704-260-3340

Fax: 704-260-3038

Other: \_\_\_\_\_

Email: asolomon@acninc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition ☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Authorized Utility Representative

INDUSTRY (Check one)

- ☐ Electric  
☐ Electric/Gas  
☐ Electric/Telecommunications  
☐ Electric/Water  
☐ Electric/Water/Telecom.  
☐ Electric/Water/Sewer  
☐ Gas  
☐ Railroad  
☐ Sewer  
☒ Telecommunications  
☐ Transportation  
☐ Water  
☐ Water/Sewer  
☐ Administrative Matter  
☐ Other:

NATURE OF ACTION (Check all that Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Affidavit                 | <input type="checkbox"/> Letter                            | <input type="checkbox"/> Request                   |
| <input type="checkbox"/> Agreement                 | <input type="checkbox"/> Memorandum                        | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer                    | <input type="checkbox"/> Motion                            | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review          | <input type="checkbox"/> Objection                         | <input type="checkbox"/> Resale Agreement          |
| <input type="checkbox"/> Application               | <input type="checkbox"/> Petition                          | <input type="checkbox"/> Resale Amendment          |
| <input type="checkbox"/> Brief                     | <input type="checkbox"/> Petition for Reconsideration      | <input type="checkbox"/> Reservation Letter        |
| <input type="checkbox"/> Certificate               | <input type="checkbox"/> Petition for Rulemaking           | <input type="checkbox"/> Response                  |
| <input type="checkbox"/> Comments                  | <input type="checkbox"/> Petition for Rule to Show Cause   | <input type="checkbox"/> Response to Discovery     |
| <input type="checkbox"/> Complaint                 | <input type="checkbox"/> Petition to Intervene             | <input type="checkbox"/> Return to Petition        |
| <input type="checkbox"/> Consent Order             | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation               |
| <input type="checkbox"/> Discovery                 | <input type="checkbox"/> Prefiled Testimony                | <input type="checkbox"/> Subpoena                  |
| <input type="checkbox"/> Exhibit                   | <input type="checkbox"/> Promotion                         | <input type="checkbox"/> Tariff                    |
| <input type="checkbox"/> Expedited Consideration   | <input type="checkbox"/> Proposed Order                    | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest                           |  |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit             |  |
| <input type="checkbox"/> Late-Filed Exhibit        | <input checked="" type="checkbox"/> Report                 |  |

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE:    ☐ IXC        ☒ CLEC        ☐ ILEC        ☐ Wireless

## CERTIFICATED COMPANY INFORMATION

ACN Communication Services, Inc.

Company Name

FEIN/SSN

704-260-3000

Db/a/fka

Telephone #

1000 Progress Place

Mailing Address

Concord, NC 28025-2449

City, State, Zip Code

1000 Progress Place

Business Location

Concord, NC 28025-2449

Cabarrus

City, State, Zip Code

County

## REGISTERED AGENT INFORMATION

Registered Agent: C T Corporation System

Mailing Address: 2 Office Park Court, Suite 103

City, State, Zip Code: Columbia, SC 29223

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

**Anthony Solomon, Transaction Tax Manager**

**A. General Manager (Include Address if different than above)**

704-260-3340

/ 704-260-3038

/ asolomon@acninc.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Darneshia Smith

**B. Customer Relations/Complaints Representative (Include Address if different than above)**

704-260-3468

/ 704-260-3625

/ dsmith@acninc.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Darneshia Smith

**C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above)**

704-260-3468

/ 704-260-3625

/ dsmith@acninc.com

Telephone Number

/ Facsimile Number

/ E-mail Address

1-877-226-1010

**C2. Customer Contact (Toll Free Number)**

**D. Engineering Operations (Include address if different than above.)**

Telephone Number

/ Facsimile Number

/ E-mail Address

**E. Test and Repair (Include address if different than above.)**

Telephone Number

/ Facsimile Number

/ E-mail Address

Delores Fafinski

**F. Emergencies (During non-office hours)**

704-260-3516

/

/ dfafinski@acninc.com

Telephone Number

/ Facsimile Number

/ E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

<b>Jeremy Smuckler</b>		
G.	<b>Regulatory Officer</b> (Include Address if different than above)	
	704-260-3433	/ 704-260-3625 / jsmuckle@acninc.com
	Telephone Number	/ Facsimile Number / E-mail Address
<b>Phyllis Miller</b>		
H.	<b>Dual Party Mailings</b> (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-3035	/ 407-740-0613 / pmiller@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
<b>Phyllis Miller</b>		
I.	<b>Interim LEC Fund Mailings</b> (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-3035	/ 407-740-0613 / pmiller@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
<b>Phyllis Miller</b>		
J.	<b>Universal Service Fund Mailings</b> (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-3035	/ 407-740-0613 / pmiller@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
<b>Phyllis Miller</b>		
K.	<b>Gross Receipts Mailings</b> (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-3035	/ 407-740-0613 / pmiller@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
<b>Phyllis Miller</b>		
L.	<b>Lifeline Mailings</b> (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-3035	/ 407-740-0613 / pmiller@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address

***This form was completed by***

***Title***

**Signature**

**Date**

TECHNOLOGIES MANAGEMENT IN  
/ S ATTORNEY-IN-FACT  
BY SHARON THOMAS, CONSULTANT  
3-21-14

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
**And**  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201